

Entered - 08/28/00 - sb
CL - 00L0509

CLAIM OF: Rhonda R. Legé
670 Windwalk Drive
Roswell, Georgia 30076

00- *R* -1594

For vehicular damages alleged to have been sustained as a result of a sink hole in the roadway that was left in an open and unsafe condition on April 24, 2000 at Peachtree Road, NE and Bolling Way, NE.

THIS ADVERSED REPORT IS
APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0509

Date: September 26, 2000

Claimant /Victim RHONDA R. LEGE
BY: (Atty) (Ins. Co.) _____
Address: 670 Windwalk Drive, Roswell, Georgia 30076
Subrogation: _____ Claim for Property damage \$ 272.98 Bodily Injury \$ unspecified
Date of Notice: 7/31/00 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 4/24/00 Place: Peachtree Road, NE & Bolling Way, NE
Department PUBLIC WORKS Division STREET
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that her vehicle sustained damage when she drove through a sink hole in the roadway that was under construction and left in an unsafe condition. An investigation determined that an outside contractor performed work at the incident location. Claimant has forwarded her claim to the contractor for resolution.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved X Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 09-29-00
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Burns
08/21/00
[Signature]

Today's Date: 7-17-00

ENTERED - 8-28-00 - SB
00L0509 - GWEN BURNS

JUL 31

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 272.98 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 4-24-00 (month/day/year). 2. Time of Incident: approx. 8pm 3. Police called: _____ Yes ☐ No ☒
4. Location of incident (including street address): Buckhead: Intersection of Peachtree & Bolling
(DID NOT file ins. claim, damage was less than deductible)
5. Name of your insurance company: Allstate Policy No. _____
6. State what and how incident occurred: Driver proceeding eastbound on Peachtree, immediately after crossing Bolling, hit a large/deep pothole/sinkhole in the road. Left-front (driver's side) tire and rim severely damaged. Car tire and rim unreparable and replaced at owners expense.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
Your vehicle: Mazda 626 1997 712 LZY Rhonda R. Lege
(Make) (Year) (Tag Number) (Driver's Name)
City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: Michelle Saunders 2020 Racquetclub Cir. Lawrenceville, GA 338-2259
(Name) (Address) (Telephone Number)
10. The acknowledgement of this claim in no way waives the sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and / or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Rhonda R. Lege
Signature of Claimant

Rhonda R. Lege

(Print Claimant's Name)

670 Windwick Drive

(Address)

Roswell, GA 30076

(City, State and Zip Code)

(404) 676-047

(Work Number)

(770) 569-145

(Home Number)

00- -1594